

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Branch Intermediate School District
Educational Services Agency

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 370 Morse Street, Coldwater MI 49036

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Mark Knaack

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
370 Morse Street, Coldwater MI 49036

Telephone Number of Designated Agent: 517-279-5730

Facsimile Number of Designated Agent: 517-279-5766

Email Address of Designated Agent: copyright@branch-isd.org

Signature of Officer or Representative of the Designating Service Provider:

Date: 1/22/2004

Typed or Printed Name and Title: Mark Knaack, Technology Director

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

138770926



138770926

RECEIVED

FEB 02 2004

COPYRIGHT OFFICE